Dr. Parminder Singh Dhaliwal Faces Medical Board Accusation in Patient’s Death

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A 73-year-old man who died of liver cancer in 2012 is identified by the Medical Board of California as “G.N.”

Those are also the initials for “gross negligence,” which is what the board accuses a Newport Beach gastroenterologist of committing when it came to G.N.’s care.

The board on Jan. 26 filed an accusation against the medical license of Dr. Parminder Singh Dhaliwal, who is affiliated with Hoag Hospital. Click here to read the accusation.

Besides gross negligence, the accusation claims Dhaliwal performed repeated negligent acts, failed to maintain adequate records and violated the Medical Practice Act when it came to G.N.’s care.

He first saw Dhaliwal on April 13, 2011, complaining of abdominal pain. The doctor’s notes show G.N. was already taking Crestor, Plavix and Celebrex for treatment of diabetes and coronary artery disease. Dhaliwal’s plan of action included G.N. undergoing lab studies, an upper endoscopy, a colonoscopy and an abdomen scan.

That scan would show a 2.3 x 1.8 x 2.3 centimeter lesion on the upper part of G.N.’s liver, and further attention was recommended. But the lesion did not show up in an April 14 ultrasound, so an MRI of the liver was recommended to get a more precise look.

However, Dhaliwal “did not order any additional liver imaging or follow-up on the liver lesion and/or abnormal liver radiographic finding,” according to the board accusation.

Dhaliwal performed an upper endoscopy on G.N. on April 20, 2011, but the doctor’s notes mistakenly indicated the patient was “a 73-year-old female,” the state records show.

Other tests indicated G.N. suffered from an infection that could lead to or be a sign of stomach ulcers. Left untreated, such ulcers can develop into stomach cancer, so the pathology report said to “please notify patient to schedule a follow-up.”

The type of infection G.N. suffered from is a known cause of peptic ulcer disease, and the risk of PUD bleeding and other complications can increase if one is taking Celebrex and Plavix, according to the board, which claims G.N.’s medical record shows no adjustments were made to his medications nor of any attempts by Dhaliwal’s office to treat and eradicate the infection.

No follow-up of any kind was done until G.N. was admitted to a hospital by another physician on Oct. 15, 2011, for gallbladder removal. That’s when a scan revealed the lesion on the liver was “significantly bigger,” having grown since April to 2.9 x 2.6 x 3.7 centimeters, according to
the board.

The hospital physician’s discharge note two days later indicated a follow-up was needed to address G.N.’s liver lesion, states the board accusation, which further claims there was no indication the hospital staff was aware of the imaging that had been done the previous April.

The next time G.N. saw Dhaliwal was on Oct. 21, 2011, when the doctor’s notes acknowledge the liver lesion had been present since the previous April, yet there is no indication of any evaluation, plans to tackle the lesion nor of the imaging done in the hospital and issues and recommendations raised by the doctors there, states the accusation, which further claims Dhaliwal still did not note any plans for a follow-up on the liver lesion.

There is nothing in the medical record to indicate any movement on the lesion between that visit and a Dec. 6, 2011, appointment, when the notes state of the abdominal pain, “The problem is improving,” according to the accusation, which says Dhaliwal’s plan was to perform a colonoscopy, with no mention of the liver lesion.

Dhaliwal performed the colonoscopy on Dec. 13, 2011, the results were fairly typical and it was recommended G.N. get another one in 10 years, with—again—no mention of the liver lesion, the accusation states.

The doctor’s next contact with G.N. was Aug. 8, 2012, when the patient was hospitalized due to abdominal pain. Dhaliwal’s consultation notes chalked up the pain to bloating, while also noting a scan had shown a mass on the liver, according to the accusation, which added this is how the doctor’s report ended: “Overall, the patient has a poor prognosis.”

Dhaliwal got that one right: G.N. died on Oct. 12, 2012, from liver cancer. Doctors concluded the mass had grown so large that all of it could not safely be removed via surgery.

The board alleges Dhaliwal committed gross negligence for failing to properly evaluate, manage and document G.N.’s liver problem on or after Oct. 21, 2011, and again on or after Dec. 6, 2011.

An accusation is a first step in a discipline process that could lead to medical license revocation proceedings.